

BUSINESS PARTNER AUTOMATION APPLICATION

FIRST-LINE SERVICE PROVIDER

☐ AMENDED

TO INCLUDE

I. APPLICATION FOR FIRST-LINE SERVICE PROVIDER

DOING BUSINESS AS (DBA)

STREET ADDRESS CITY STATE ZIP CODE

INTERNET/E-MAIL ADDRESS DAYS AND HOURS OF OPERATION

IRS FEDERAL TAX ID NUMBER:

II. TYPE OF APPLICATION

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

III. SOLE OWNER OR CORPORATE NAME

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE CORPORATION NUMBER

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS CITY STATE ZIP CODE

IV. CONTACT PERSON *(Must be authorized designee of the firm.)*

NAME LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP CODE

OFFICE TELEPHONE NUMBER FAX NUMBER

V. AGENT FOR SERVICE OF PROCESS *(Required if physical address is located out of state.)*

NAME OF FIRM

DESIGNEE'S NAME LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP CODE

VI. ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS ANNUALLY

ADD TO/DELETE FROM PFR FLEET	DUPLICATE TITLE	JUNK	NONREVIVABLE JUNK	LEGAL OWNER TRANSFER
MISCELLANEOUS ORIGINALS	NEW VEHICLES	NEW VESSELS	NONRESIDENTS	REGISTERED OWNER TRANSFER
REGISTRATION RENEWAL	SALVAGE	NONREPAIRABLE	SUBSTITUTE STICKER/PLATE/REG CARD	VLF REFUND

VII. BPA ADMINISTRATIVE STAFF *(Attach paper if additional space is needed.)*

EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME

VIII. LIST THE PHYSICAL LOCATION WHERE YOUR BPA INTERFACE SERVICES AND HARDWARE WILL BE LOCATED

STREET ADDRESS CITY STATE ZIP CODE

IX. CERTIFICATION (Blue ink)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. If my company does not fulfill its responsibilities or no longer qualifies as a Business Partner as described in the Business Partner Automation Agreement, I understand the department may cancel, suspend, or revoke my participation in the Business Partner Automation Program.

SIGNATURE OF AUTHORIZED AGENT FIRM NAME

X

PRINTED NAME OF AUTHORIZED AGENT	TITLE	TELEPHONE NUMBER	DATE
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BUSINESS PARTNER AUTOMATION DECLARATION

(BUSINESS NAME) declares that the following officers, partners, stockholders, and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

(BUSINESS NAME) declares that the following Limited Liability Company member(s) are the only Limited Liability Company member(s) who participate in the direction, control, and management of the affairs of the Business Partner in the State of California:

NAME	EFFECTIVE DATE

I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal.
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X	DATE	TELEPHONE NUMBER
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Return the completed application and fee to:
 Department of Motor Vehicles
 Business Partner Automation Program
 P O Box 825393, MS C383
 Sacramento CA 94232-3280